

The concluding chapter is by Kinsbourne in which he attempts to pull together many of the preceding strands. There is food for thought here for psychiatrists who glibly speak of 'biological' symptoms in depression. In his final paragraph Kinsbourne admonishes those naive enough to localise emotional disturbances to areas of the brain, outlining instead how cognitive rearrangement necessitated by lesion-induced deficits elicits emotional changes, and it is this dynamic model which promises most in future research.

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**The Hamilton Scales.** Edited by PER BECH and ALEC COPPEN. Berlin: Springer Verlag. 1990. 94 pp. £21.00.

This slim volume contained many surprises for this reviewer, who has been using the Hamilton Rating Scale for Depression (HRSD) for over a decade. A number of the articles are excellent, in particular that by Berrios and Bulbena-Villarasa. But overall, the book is a celebration of Max Hamilton rather than a serious attempt to put him or the development of his scale in a historical context.

However, a number of the papers in this collection point the way. For example, Zitman *et al*, in a survey of uses of the scale, found that only one respondent was actually using the scale they claimed to be using. There were a large number of differences in the versions actually used, with versions containing anything from 17 to 25 items. One version used 1–3 or 1–5 point scales, so that the minimum possible score was 17 – which for most people translates as moderate depression. Such findings seriously compromise what Paykel has suggested is a principal use of the scale which is that, rather than being a good measure, it functions as a common language. Scores of 14, 17 or 26 are shorthand for particular clinical conditions. This is a property that no other scale has achieved despite many of the others having greater internal consistency and sensitivity to the effects of antidepressants.

Another appealing paper, by Pull, cites the complete indifference with which the scale was first greeted, and its subsequent transformation to the point where it is considered to be an indispensable research tool. One of the lone voices arguing that this transformation was unwarranted appears to have been Hamilton himself, who saw the scale as a method of assisting clinical judgement rather than a means of subverting it. He was aware that quantification and statistics would impress those who do not understand or who do not want to understand.

One of the critical questions for the future must be whether other methods for evaluating psychotropic drugs can be devised, as at present the Hamilton Scale is

almost too loved by drug companies. In pointing out issues such as this, this book can give food for thought to all of us regarding the probabilistic and essentially arbitrary basis of much of current psychiatric practice and thinking, while we wait for the definitive treatment of Hamilton and his scales.

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**A Casebook in Psychiatric Ethics.** GROUP FOR THE ADVANCEMENT OF PSYCHIATRY COMMITTEE ON MEDICAL EDUCATION. New York: Brunner/Mazel. 1990. 128 pp. \$21.95 (hb), \$14.95 (pb).

I approached this book with mixed feelings – would it stretch me intellectually with philosophical riddles or frustrate me with an inadequate understanding of the realities of psychiatric practice? In the event it did neither. It simply presents a series of ethical problems in the form of clinical vignettes and invites the reader, or a group if it is used for teaching as suggested, to consider the issues raised.

The 17 case histories, which easily cross cultures from the USA to the UK, illustrate five themes. The first is consent, but with the incorporation into British legal systems of the consent of detained patients surely no psychiatrist can be unaware of the issues involved. The section on paternalism addresses compulsory admission and treatment but ignores the intriguing question of why paternalism is used as a term of abuse against professionals but never as such against fathers.

The most interesting case arises in the section on relationships with colleagues and concerns the junior's dilemma when his or her clinical judgement is at odds with the supervising senior's – the most interesting case but the least easily resolved. Sexual attraction towards patients has rarely been acknowledged in the British literature (excepting a leader in the *Journal of the Royal Society of Medicine* last year). In the final section the dilemma facing a doctor being pressured into admissions for financial rather than clinical reasons may be with us sooner than we would like in the light of present changes in the National Health Service.

I was left thinking that this book was not for me – it does not raise any issue more complex than those I meet every day at work. I would be as likely to pause on a ward round to teach on such topics as I would on the niceties of drug treatment, or on an explanatory psychodynamic formulation or on the influence of social factors on a patient's prognosis. That being said, this is a modestly priced and well-written book and the tutor who is struggling to help his trainees grasp ethical issues may find it useful support for his efforts.

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